



## LICENSE ISSUANCE FORM

☐ I am seeking licensure as a Salesperson

License Fee \$90.00

☐ I am seeking licensure as an Associate Broker

License Fee \$115.00

\$30.00 Processing Fee Charged For All Returned Payments

**(Self-employed Broker Information below)**

### Salesperson/Associate Broker - Agreement to Be Employed

I hereby request that my real estate salesperson's/associate broker's license be issued:

☐ to inactive status **OR:** ☐ active status, to the office of \_\_\_\_\_,  
located at \_\_\_\_\_, effective on: (date) \_\_\_\_\_,

If contact address is other than main office:

\_\_\_\_\_  
(Signature of Salesperson/Associate Broker Applicant) (\_\_\_\_\_) \_\_\_\_\_  
(Phone Number)

### New Employing Broker - Agreement to Employ

**(NOT APPLICABLE IF SEEKING INACTIVE LICENSURE)**

I hereby agree to employ \_\_\_\_\_ effective on (date) \_\_\_\_\_,  
(real estate salesperson/associate broker)

Chapter 2-001 of the Rules and Regulations of the Nebraska Real Estate Commission provides as follows: "It shall be presumed that a duly licensed broker whose principal business is other than that of a real estate broker is unable to supervise licensed employees and said broker shall not be allowed to employ a real estate salesperson or associate broker until such presumption is overcome by satisfactory evidence to the contrary."

I hereby certify that I have read and understand the above rule and that:

☐ My principal business is that of a real estate broker.

☐ My principal business is not that of a real estate broker, but I have obtained authorization from the Real Estate Commission to employ real estate salespeople or associate brokers.

\_\_\_\_\_  
(Signature of Employing Broker or Person authorized to sign for the firm) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
(Phone Number) (Fax Number)

\_\_\_\_\_  
(Name of Firm) (Business Address)

☐ I am seeking licensure as a Self-employed Broker

License Fee \$115.00

(\$35.00 Processing Fee Charged For all Returned Payments)

☐ I want my license issued on inactive status, **OR:** ☐ I will be doing business in the following manner:

☐ as an individual broker under my own name i.e. John Jones, Broker

☐ under a Trade Name(s)

☐ as a corporation

☐ as a partnership

☐ as a limited liability company

\_\_\_\_\_  
(Signature of Broker Applicant) (Date)

### Payment information

**FEES ARE NOT REFUNDABLE**

☐ Cash ☐ Check ☐ Credit Card

Credit Card Payment Option: ☐ VISA ☐ MasterCard (Please note: debit cards are not accepted)

Credit Card Number: \_\_\_\_\_ Card Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Cardmember's Signature: \_\_\_\_\_